

Academic/Practice Innovation: An Interview with Dr. Tim Bristol

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Bonsall, Lisa: Hi, this is Lisa Bonsall, Senior Clinical Editor for Lippincott NursingCenter. And I'm speaking with Dr. Tim Bristol, the founder of NurseTim® and NurseThink®. Dr. Bristol was an expert panelist for the webinar, Preparing the Next Generation of Practice Ready Nurses. Today, we're going to answer some of the questions that were submitted by webinar attendees. Thank you for taking the time to follow up and answer these questions. Dr. Bristol.

Bristol, Tim: You bet, Lisa. Great to be here.

Bonsall, Lisa: So here's our first question. The NCSBN updated the NCLEX exam in April 2023 based on findings from years of research that graduate nurses were not practice ready and did not know how to implement clinical judgement. What is clinical judgement?

Bristol, Tim: Well, my favorite definition of clinical judgment comes from National Council, the NCSBN. It's basically the doing that happens after critical thinking. It's the doing that happens after problem solving. It's the doing that happens after prioritization. So in years past and literally I do mean at least the past three decades, if not more. We spent a lot of time focusing on critical thinking, focusing on you know, do you know the objectives? The problem is the healthcare environment is so dynamic, so unpredictable, so unstable, that the nurse has to be ready to implement that critical thinking, to implement that knowledge base that they have, to implement that priority list that they've created, but they have to be able to do it in many different environments with many different variables.

So for instance, when you're running out of time, you're going to have problems implementing your priority list when you're running out of time. When you're running out of time, you're gonna have problems remembering some of the key components of a particular disease when you're running out of time - we call it time pressure in nursing and on the exam - when you're running out of time, you're gonna have a more difficult time helping this individual in front of you figure out what their priorities are for themselves. And so anyways, it's the doing that happens after critical thinking.

Bonsall, Lisa: What's the best way to teach clinical judgement in education and in practice?

Bristol, Tim: Well, based on the 10 plus years of research that National Council did related to this clinical judgment focus and the previous five years that National Council, the research that they did on simulation, I would summarize that the number one thing needed to teach clinical judgement in education and in practice is realism.

So, for instance, your students may get a perfect grade on the topic of asthma in the lab. They may listen to a mannequin or even a partner and identify lung sounds of a healthy lung and lung sounds of a

patient who has asthma. They may pass all their exams and write the perfect papers on asthma, but the realism is that this child that you're taking care of lives in a very impoverished neighborhood with terrible air quality, and there's only a single parent at home who basically lives way below the poverty line.

You see, until you can help that child with severe asthma in a very severe environment with severe barriers to meeting their own personal needs... until you can help that client you haven't truly mastered the area of asthma.

You haven't mastered the topic of asthma and this is a departure. This is a departure from what we've been doing. Like I said, for the past 30 years. In the good old days, we would just check, OK, you know this medication is for asthma - good. You know that the pathology of asthma is this - good. You know that the incidence of asthma in certain populations - good.

But the end goal, can you truly help this child that's living in impossible conditions with a very complicated disease? So that's the doing again that happens after critical thinking. That's the clinical judgement. So starting day one of nursing school, starting day one of nursing school until the day the student takes NCLEX, they need to engage realism on a moment by moment basis.

When I'm talking with students, I say students you do not wanna sit at home and read your book for three hours. You're gonna wanna pause your reading every 20 to 30 minutes. You're literally gonna wanna stop reading every 20 to 30 minutes and go find a patient. Go find a patient. Type in asthma into YouTube and listen to a couple of two or three minute videos by patients suffering from asthma. Look at the case study in the back of the chapter on asthma. Look at an online resource page related to asthma. Pull up an asthma app on your phone.

You see it's the patient that matters the most. It's the patient that is your end goal, and if you've been reading for 20 or 30 minutes and you run into a case study, you run into a YouTube video, you run into, you know, a case at the end of the chapter. Whatever. And you can't help that patient. There's your first clue you have no clue what you're reading, and you can't apply what you're reading.

So we even trained students to this effect. Every 20 to 30 minutes, you need to meet a patient and try to take care of them. And the same thing goes for the classroom at least once an hour. Once an hour, you have to stop whatever you're doing in class and put a patient in front of the students that they individually in front of them, work with. Not watching you on the big screen work with a patient, not watching the smartest student in class stand at the front of the room and take care of a patient. But each student needs to attempt to take care of a patient every hour of every class starting day one of nursing until the day they take NCLEX.

So again, this is a departure. Before we held the content as most important. What drugs are most important for patients with asthma? We held that as more important than can you take care of a patient with asthma? And now we're having to flip that narrative and saying, you know what, taking care of that child that lives in a very oppressed region of town. That child is more important than the topical outline for today's lecture. When you can take care of that child, you have now mastered this hour of lecture. So it's different. It's a different focus.

Bonsall, Lisa: How do we use technology to measure clinical judgement?

Bristol, Tim: Well, just yesterday I was sitting with a group of veteran educators and probably the most senior person in the room, as in the person who've been teaching the long has said, yeah, I have worked so hard at building clinical judgment activities. I've only built like 2 case studies, and it took me a long time. And so this is where I want to approach faculty in schools with, you know, yes your creative spirit is valued. You need to bring your background as a nurse into the classroom, into the learning experiences. But you do need to partner. You do need to partner with those around you that have the technology, that have the teams that have built the cases, that have built the items.

One clinical judgment question can take someone who's been trained repeatedly in clinical judgment, it can take someone two to four hours to create just one test item. A case study, a case study, a common case study in our experience where you have a patient and an electronic health record, and 6 questions...in our experience, that could easily be 10 to 15 hours if the person truly understands clinical judgment.

And so when you're looking at, OK, how do I do this clinical judgment, these clinical judgment activities every hour, do I have to create those? The answer is no, you have many tools around you. Most of the publishers are building items that come with their textbooks or building items that come with their testing, with their quizzing. Go into those. But you do need to do it on a on a regular daily basis.

So for instance, if your testing company, many times they have practice exams that come with their national exams. Use the questions from those practice exams on a daily basis. Go grab five or six of them and bring them to class. And if your students can engage them in the same technology. So for instance, if your students are using ExamSoft to take their national exams and they're using ExamSoft to take their faculty exams, then have a 5 to 6 item quiz every day during class in ExamSoft. And there's companies out there that will have those questions prebuilt for you. Those case studies prebuilt for you. Students can find many different practice areas where they can go in and do these practice case studies on their own at a pretty reasonable price. You know, have students purchase those and then do one or two a day in class. But the technology is already out there. The technology is already built and you can really capitalize by finding a technology that you can use in multiple courses across the curriculum. That makes sure that the clinical judgment is the focus and not the technology.

The other thing I will say you need to look for your virtual Sims. You need to look for your VSims. The reason I say this is we knew back in the 90's that simulation, one 30 minute simulation can provide as much learning as three hours of lecture.

When you give students permission to do in front of them, I'm not talking about watching professor at the front of the class, I'm talking about in front of each student to do a virtual Sim. They will learn up to 10 times as much in that one virtual Sim as they will in a in a similar experience like reading or listening or lecture, etcetera.

Virtual Sim needs to be a part of every day of class. Maybe you can't do it every hour. OK, but most schools have three and four hour lectures or two 2 hour lectures. So once a week your students need to be doing that 30 minute virtual Sim in class and many of them are set up to where you can really pretty easily if you're doing it on a weekly basis, you can do it pretty easily, where you can implement and on a weekly basis. It becomes easier and easier. And the students really get into the simulation. Super powerful, super powerful way to learn.

Bonsall, Lisa: That's wonderful. And I love your advice about, you know, take advantage of what's already been built and what's already out there. There's no need to recreate the wheel, right?

Bristol, Tim: Exactly. Exactly.

Bonsall, Lisa: Well, thank you so much for sharing all of this great information and insight. I really appreciate it.

Bristol, Tim: Ohh, you bet, Lisa. Always great to catch up. Thank you.

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